



KIDDIE COUNTRY DEVELOPMENTAL LEARNING CENTERS

KIDDIE COUNTRY I: 6000 Schoolhouse Woods Road, Burke, Virginia 22015 (703) 250-6550 Fax (703) 250-7631

KIDDIE COUNTRY II: 9601 Old Keene Mill Road, Burke, Virginia 22015 (703) 644-0066 Fax (703) 644-0073

*****School enrollment packet must be completed and returned in person.*****

CHILD			
NAME:	NICKNAME:	SEX:	BIRTHDATE:
ADDRESS:			HOME PHONE:
PARENTS/GUARDIAN			
FATHER'S NAME:		HOME PHONE:	CELL PHONE:
HOME ADDRESS (IF DIFFERENT):			E-MAIL ADDRESS:
OCCUPATION:	PLACE EMPLOYED:	BUSINESS ADDRESS:	BUSINESS PHONE:
MOTHER'S NAME:		HOME PHONE:	CELL PHONE:
HOME ADDRESS (IF DIFFERENT):			E-MAIL ADDRESS:
OCCUPATION:	PLACE EMPLOYED:	BUSINESS ADDRESS:	BUSINESS PHONE:
NAME OF PERSON(S) OR AGENCY HAVING LEGAL CUSTODY OF CHILD:			HOME PHONE:
HOME ADDRESS (IF DIFFERENT):			
CELL PHONE:		E-MAIL ADDRESS:	
OCCUPATION:	PLACE EMPLOYED:	BUSINESS ADDRESS:	BUSINESS PHONE:
HOME			
OTHER PERSONS LIVING AT HOME:			
1	NAME:	AGE:	RELATIONSHIP:
2	NAME:	AGE:	RELATIONSHIP:
EMERGENCY INFORMATION			
NAME OF CHILD'S PHYSICIAN:			PHONE:
I GIVE PERMISSION FOR THE FOLLOWING TWO PEOPLE TO BE CALLED IN AN EMERGENCY IF I CANNOT BE REACHED. I ALSO AUTHORIZE THESE INDIVIDUALS TO PICK MY CHILD UP FROM KIDDIE COUNTRY.			
NAME:			RELATIONSHIP TO CHILD:
ADDRESS:		HOME PHONE:	BUSINESS PHONE:
NAME:			RELATIONSHIP TO CHILD:
ADDRESS:		HOME PHONE:	BUSINESS PHONE:
PERSON(S) AUTHORIZED TO PICK UP CHILD:			
PERSON(S) <u>NOT</u> AUTHORIZED TO PICK UP CHILD:			
(LEGAL PAPERWORK IS NECESSARY WHEN CUSTODIAL PARENT REQUESTS CENTER NOT TO RELEASE CHILD TO OTHER PARENT)			

* Note: Custodial parents and guardians are rightfully admitted into Kiddie Country at anytime per 63.2-1509 of the Code of Virginia.

PROGRAM ENROLLMENT					
OPTIONS:	FULL DAY	TU/THUR HALF DAYS	M/W/F HALF DAYS	ELEM	BREAKFAST
LIST ALL PREVIOUS CHILD CARE PROGRAMS/SCHOOLS ATTENDED AND LOCATION (CITY & STATE):					
IF CHILD ATTENDS THIS CENTER AND ANOTHER SCHOOL/PROGRAM, PLEASE GIVE THE NAME OF THE SCHOOL/PROGRAM:					
NAME:		GRADE:		PHONE:	
PAYMENT SCHEDULE:	WEEKLY	<i>*BI-WEEKLY</i>	<i>*MONTHLY</i>	<i>*PREFERRED METHODS OF PAYMENT</i>	
PROGRAM CHANGE DATE:					
AGREEMENTS					
1. DO YOU AUTHORIZE THE CENTER TO ALLOW YOUR CHILD TO PARTICIPATE IN SCHEDULED FIELD TRIPS?					
YES		NO			
DO YOU AUTHORIZE TRANSPORT TO AND FROM TRIP DESTINATIONS?					
			YES		NO
2. KIDDIE COUNTRY AGREES TO NOTIFY THE PARENT/GUARDIAN WHENEVER THIS CHILD BECOMES ILL, AND THE PARENT/GUARDIAN AGREES TO PICK THE CHILD UP AS SOON AS POSSIBLE THEREAFTER.					
3. THE PARENT/GUARDIAN AGREES TO INFORM KIDDIE COUNTRY WITHIN 24 HOURS OR THE NEXT BUSINESS DAY AFTER HIS/HER CHILD OR ANY MEMBER OF THE IMMEDIATE HOUSEHOLD HAS DEVELOPED ANY REPORTABLE COMMUNICABLE DISEASE, AS DEFINED BY THE STATE BOARD OF HEALTH, EXCEPT FOR LIFE THREATENING DISEASES WHICH MUST BE REPORTED IMMEDIATELY. (VIRGINIA REPORTABLE DISEASE CHART IS INCLUDED IN PARENT PACKAGE.)					
4. THE PARENT/GUARDIAN AUTHORIZES KIDDIE COUNTRY TO OBTAIN IMMEDIATE MEDICAL CARE IF ANY EMERGENCY OCCURS WHEN HE/SHE CANNOT BE LOCATED.					
5. THE PARENT/GUARDIAN AUTHORIZES KIDDIE COUNTRY TO POST HIS/HER CHILD'S ALLERGIES IN ORDER TO INSURE HEALTH AND SAFETY.					
SPECIAL NOTATIONS					
ALLERGIES OR INTOLERANCES TO MEDICATION/FOOD/OTHER SUBSTANCES & ACTIONS TO TAKE IN AN EMERGENCY:					
CHRONIC PHYSICAL PROBLEMS:					
PERTINENT DEVELOPMENTAL INFORMATION:					
SPECIAL ACCOMMODATIONS NEEDED:					
SIGNATURES					
PARENT OR GUARDIAN:				DATE:	
ADMINISTRATOR OF KIDDIE COUNTRY:				DATE:	
DATE ADMITTED:			DATE OF WITHDRAWAL:		
OFFICE USE ONLY: IDENTITY VERIFICATION					
PLACE OF BIRTH:		BIRTH DATE:		BIRTH CERTIFICATE NUMBER:	
STATE ISSUED:		DATE ISSUED:		OTHER FORM OF PROOF:	

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician, or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.